

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/563890  
APPLICANT(S)

FILING DATE

01 JUN 2006

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
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4		/		/		/
5		2		/		/
6		0		/		/
7		0		/		/
8		0		/		/
9		0		/		/
10		0		/		/
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TOTAL IND.	1		1		1	
TOTAL DEP.	15		14		14	
TOTAL CLAIMS	10		15		15	

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
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TOTAL DEP.						
TOTAL CLAIMS						